



Practitioner's Docket No. NTS 3841

PATENT

**REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY
(BY INVENTOR(S) OR ASSIGNEE)**

(complete A or B)

A. ☒ DECLARATION BY THE INVENTOR(S)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is described and claimed in letters patent number 5,899,222, granted on May 4, 1999, and for which invention I solicit a reissue patent on the invention entitled BALL VALVE CONTROL SYSTEM

the specification of which

- ☐ is attached hereto.
- ☒ was filed on April 5, 2001, as reissue application number 09/827,024 and was amended on herewith (if applicable).
- ☐ I hereby declare that there is no assignee for this application.

NOTE: "Where no assignee exists, applicant should affirmatively state that fact. If the file record is silent as to the existence of an assignee, it will be presumed that no assignee exists." M.P.E.P., 6th ed., rev. 1, § 1410.01.

B. ☐ DECLARATION BY ASSIGNEE

NOTE: The assignee of the entire interest may make the declaration, if the reissue application does not seek to enlarge the scope of the claims of the original patent. 37 C.F.R. § 1.172.

(Type or print name of declarant) _____ Title _____

of _____

Name of company or legal entity on whose behalf declarant is authorized to sign

declare that I am a citizen of _____ and resident of _____

that the entire title to letters patent number _____

for _____

granted on _____, 19____ to _____

Inventor(s)

is vested in _____

Name of company or legal entity

that I believe said named inventor(s) to be an original, first and sole inventor (if only one name is listed) or an original, first and part inventor (if plural names are listed) of the subject matter that is described and claimed in the aforesaid letters patent and in the foregoing specification and for which invention I solicit a reissue patent.

(Reissue Application Declaration and Power of Attorney [17-8]—page 1 of 6)

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ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
 (37 C.F.R. § 1.175)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

- ☐ In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. § 1.98.
 X IDS filed previously

PRIORITY CLAIM

NOTE: A "claim" for the benefit of an earlier filing date in a foreign country under 35 U.S.C. 119(a)-(d) must be made in a reissue application even though such a claim was made in the application on which the original was granted. However, no additional certified copy of the foreign application is necessary. M.P.E.P., 8th ed., rev. 1, § 1417.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete C or D)

- C. ☒ No such applications have been filed.
 D. ☐ Such applications have been filed as follows:

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

BENEFIT OF PROVISIONAL APPLICATION

**STATEMENT OF INOPERATIVENESS
OR INVALIDITY OF ORIGINAL PATENT**
(37 C.F.R. § 1.175)

That I believe the original patent to be

☒ partly

☐ wholly

Inoperative or invalid by reason of (37 C.F.R. § 1.175(a)(1)):

(check all items that may apply)

☐ a defective specification

☐ a defective drawing

☒ the patentee claiming more or less than the patentee had a right to claim in the patent.

NOTE: At least one error must be relied upon as the basis for the release. 37 C.F.R. § 1.175(a)(1).

That the error listed above, which are being corrected, up to the time of the filing of this reissue declaration arose without any deceptive intention on the part of the applicant. (37 C.F.R. § 1.175(a)(2)).

NOTE: For any error corrected not covered by this declaration applicant must submit, before allowance, a supplemental declaration stating that every such error arose without any deceptive intention on the part of the applicant. 37 C.F.R. § 1.175(b)(1).

☐ Corroborating affidavits or declarations of others accompany this declaration.

Applicant believes his original patent (U.S. Patent Number 5,899,22) to be partly invalid or inoperative by reason of the patentee claiming more or less than the patentee had a right to claim in the patent due to:

1) Applicant's prior attorney during the preparation and filing and prosecution and issuance of the parent application and patent upon which the subject application is based did not understand the scope of the invention; and

2) The prior art was neither developed through the pre-examination search as evidenced by the patents listed in the specification nor was the prior art developed by the Examiner as evidenced by the patents listed on the face of the parent patent, the failure of the prior art to be timely developed is evidenced by the additional patents cited and applied by the Examiner during the prosecution of the present application.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

LOUIS J. BRUNOFORTE

40,536

(check the following item, if applicable)

- ☐ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

☒ Address

Louis J. Brunoforte
640 Douglas Avenue
Dunedin, Florida 34698

(727) 734-2855

☐ Customer Number _____

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature(s)

☒ BY THE INVENTOR(S)

Full name of sole or first inventor ANGELO GENCARELLI

Inventor's signature _____

Date _____ Country of Citizenship United States

Residence 437 Kingsland Avenue, Lyndhurst, New Jersey 07071

Post Office Address same as residence

Full name of second joint inventor, if any _____

Inventor's signature Angelo Gencarelli

Date 8/19/003 Country of Citizenship U.S.A

Residence 437 Kingsland Ave

Post Office Address NATHEY, N.J. 07071

☐ BY ASSIGNEE OR PERSON AUTHORIZED TO SIGN ON BEHALF OF ASSIGNEE

NOTE: Even though inventor(s) do not sign, complete above information for inventor(s).

(complete the following, if applicable)

(type name of assignee)

Address of assignee

Title of person authorized to sign on behalf of assignee

☐ Assignment recorded in PTO on _____

Reel _____

Frame _____

☐ A separate ☐ "ASSIGNMENT (DOCUMENT) COVER SHEET"
or ☐ FORM PTO 1595 is submitted herewith along with the assign-
ment _____